PTO/SB/17 (12-04v2) 2006. OMB 0651-0032

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Effective on 12/08/2004.		Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number		09/638,192				
FEE TRANSMITTAL		Filing Date		August 15, 2000				
For FY 2006		First Named Inventor		Ivan A. COWIE				
T 01 1 1 2000		Examiner Name		G. Munoz				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit		2634				
TOTAL AMOUNT OF PAYMENT (\$) 510.00	L	Attorney Docket I	No.	28549-165559				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please								
X Deposit Account Deposit Account Number: 22-0261 Dep	osit Accou	unt Name:		Venable L	LP			
For the above-identified deposit account, the Dire	ector is l	hereby authorize	d to: (che	eck all that apply	y)			
X Charge fee(s) indicated below		Charge	fee(s) in	dicated below,	except for the	filing fee		
Charge any additional fee(s) or underpayment fee(s) under 37 CFR 1.16 and 1.17	ent of	X Credit a	any overp	payments				
FEE CALCULATION (All the fees below are due	upon	filing or may	be subj	ect to a surc	harge.)			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES	3							
FILING FEES	SEA	RCH FEES	EXAMI	NATION FEE	_			
Small Entity Application Type Fee (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)		
Utility 300 150	500	250	200	100				
Design 200 100	100	50	130	65				
Plant 200 100	300	150	160	80				
Reissue 300 150	500	250	600	300				
Provisional 200 100	0	0	0	0				
2. EXCESS CLAIM FEES					9	mall Entity		
Fee Description					<u>Fee (\$)</u>	Fee (\$)		
Each claim over 20 (including Reissues)					50	25		
Each independent claim over 3 (including Reissues	s)				200	100		
Multiple dependent claims			_		360	180		
Total Claims	Fee P	aid (\$)	Multiple Depen					
- 20 = x = HP = highest number of total claims paid for, if greater than 20.				ee (\$)	Fee Paid (\$)			
Indep. Claims Extra Claims Fee (\$)	Fee Pa	aid (\$)				-		
-3= X =								
HP = highest number of total claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 shee	ets of p	aper (excludin	a electro	onically filed s	eauence or o	computer		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of	each ad	ditional 50 or frac	tion there	of Fee (\$)	Fee P	aid (\$)		
100 =/50 (round up to a whole number) x =								
4. OTHER FEE(S)					Fees F	Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
PETITION FOR (3-MO.) EXTENSION OF TIME \$ 510.00								
SUBMITTEO BY	7	Registration No.		. [
Signature		(Attorney/Agent)	33,471	Telephone	(202) 344	-4000		
Name (Print/Type) Robert S. Babayi				Date	April 4,	2006		
#738795			-					

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			Application Numb	er	09/638,192							
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date First Named Inventor Group Art Unit		August 15, 2000 Ivan A. COWIE 2634								
										Examiner Name		G. Munoz
							Total Number of Pages	s in This Submission		Attorney Docket N	lumber	28549-165559
		ENCL	OSURES (check all the	at apply)								
⊠ Fee Transmittal	Form		nment and Recordation Form r Sheet		After Allowance Communication to Group							
Fee Attached		☐ Drawi	ing(s)		Appeal Communication to Board of Appeals and Interferences							
Response To Fo	urth Office Action	Licen	sing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)							
After Final		Petition			Proprietary Information							
Affidavits/declarat	tion(s)	Petition to Convert to a Provisional Application			Status Letter							
Extension of Tim	ne Request (3	Power of Attorney, Revocation Change of Correspondence Address			Other Enclosure(s) (please identify below):							
Express Abandon	ment Request		inal Disclaimer est for Refund									
Response to Res	triction Requirement	 	lumber of CD(s)									
Certified Copy of Document(s)	Priority	Rema	arks									
Response to Miss Incomplete Applic												
Response to Miss CFR 1.52 or 1.53	sing Parts Under 37		_									
	SIGNA	TURE OF	APPLICANT, ATTO	RNEY, O	R AGENT							
Firm or Individual name Robert S. Babayi – Reg		g_No. 33,471		26694 PATENT TRADEMARK OFFICE								
Signature	XIII	AT	1/1/5									

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